

# DECLARATION, POWER OF ATTORNEY, AND PETITION

Attorney Docket No.: GIC-625

Page 1 of 3

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

## METHODS AND APPARATUS FOR RECONFIGURING PROTOCOL DATA WHEN REDUCING MULTIPLEXED DATA STREAMS

the specification of which:

☒ is attached hereto  
☐ was filed on \_\_\_\_\_ as United States Application Number \_\_\_\_\_ or PCT International Application Number \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

(Number)	(Country)	Month/Day/Year Filed	Priority Claimed <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	Month/Day/Year Filed	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below.

(Application Number)	(Filing Date)
_____	_____

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s); or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application  
or PCT Parent Number

Parent Filing Date  
(MM/DD/YYYY)

Parent Patent Number  
(if applicable)

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Page 2 of 3

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint: Barry R. Lipsitz, Registration No. 28,637 and Douglas M. McAllister, Registration No. 37,886, of the firm of Barry R. Lipsitz, Attorney at Law, 755 Main Street, Bldg. 8, Monroe, Connecticut 06468, Telephone (203) 459-0200, my attorneys with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Wherefore I pray that Letters Patent be granted to me for the invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification and claims, declaration, power of attorney, and this petition.

Full name of first inventor: **Arthur P. Jost**

Inventor's Signature  Date: 2-28-01

Residence: Mt. Laurel NJ Citizenship: USA  
(City) (State or Foreign Country)

Post Office Address: 307 Keatley Drive, Mt. Laurel, NJ 08054  
(Post Office Address) (City) (State & Zip Code/Country)

Full name of second inventor: **Erik Elstermann**

Inventor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Residence: Carlsbad CA Citizenship: USA  
(City) (State or Foreign Country)

Post Office Address: 1217 Belleflower Road, Carlsbad, CA 92009  
(Post Office Address) (City) (State & Zip Code/Country)

Full name of third inventor: **Jeffrey D. Kuczynski-Brown**

Inventor's Signature  Date: 2/28/01

Residence: Elkins Park PA Citizenship: USA  
(City) (State or Foreign Country)

Post Office Address: 800 Cedar Glen Road, Elkins Park, PA 19027  
(Post Office Address) (City) (State & Zip Code/Country)

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Page 3 of 3

Full name of fourth inventor: Richard DiColli

Inventor's Signature Richard DiColli Date: 3/1/01

Residence: Broomall PA Citizenship: USA  
(City) (State or Foreign Country)

Post Office Address: 208 Harvest Lane, Broomall, PA 19008  
(Post Office Address) (City) (State & Zip Code/Country)

Full name of fifth inventor: Jeffrey Paul Viola

Inventor's Signature Jeffrey Paul Viola Date: 3/01/01

Residence: Glen Mills PA Citizenship: USA  
(City) (State or Foreign Country)

Post Office Address: 17 Hitchcock Lane, Glen Mills, PA 19342  
(Post Office Address) (City) (State & Zip Code/Country)

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			Priority Claimed
			<input type="checkbox"/> Yes <input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ Month/Day/Year Filed	
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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
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**Full name of first inventor:** Arthur P. Jost

Inventor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Residence: Mt. Laurel NJ USA  
(City) (State or Foreign Country)

Post Office Address: 307 Keatley Drive, Mt. Laurel, NJ 08054  
(Post Office Address) (City) (State & Zip Code/Country)

**Full name of second inventor:** Erik Elstermann

Inventor's Signature Erik Elstermann Date: 20 FEB 2001

Residence: Carlsbad CA USA  
(City) (State or Foreign Country)

Post Office Address: 1217 Belleflower Road, Carlsbad, CA 92009  
(Post Office Address) (City) (State & Zip Code/Country)

**Full name of third inventor:** Jeffrey D. Kuczynski-Brown

Inventor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Residence: Elkins Park PA USA  
(City) (State or Foreign Country)

Post Office Address: 800 Cedar Glen Road, Elkins Park, PA 19027  
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**Page 3 of 3**

**Full name of fourth inventor: Richard DiColli**

Inventor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Residence: Broomall PA Citizenship: USA  
(City) (State or Foreign Country)

Post Office Address: 208 Harvest Lane, Broomall, PA 19008  
(Post Office Address) (City) (State & Zip Code/Country)

**Full name of fifth inventor: Jeffrey Paul Viola**

Inventor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

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(City) (State or Foreign Country)

Post Office Address: 17 Hitchcock Lane, Glen Mills, PA 19342  
(Post Office Address) (City) (State & Zip Code/Country)